

## The Life Choice Project

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The CTLM/LCP requires information to enable the Prenatal Care Coordination Services to certify Service Providers to authorize payment for services to TANF eligible participants.

Personally identifiable information about Service Providers is used for purposes directly related to the CTLM/LCP program administration such as determining the certification of Service Providers or processing Service Provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for those services.

(SERVICE PROVIDER NAME) \_\_\_\_\_ Organization's Name

(DIRECTOR'S NAME) \_\_\_\_\_ Executive Director

Tax ID Number:

Physical Street Address:

Signature of Authorized Person:

Date:

\_\_\_\_\_

Witnessed by:

Date:

\_\_\_\_\_

Signed and Approved by:

Date:

\_\_\_\_\_

Dorothy Wallis, Project Administrator

The Life Choice Project

MODIFICATION TO THIS AGREEMENT CANNOT AND WILL NOT BE AGREED TO. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE.

Life Choice Project /CTLM Service Provider Contract

ALL PAGES OF THE PROVIDER AGREEMENT MUST BE RETURNED TOGETHER.



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This Confidentiality Agreement (the "Agreement") is made and entered into between \_\_\_\_\_ ("Employee/Volunteer") and Care Pregnancy Clinic/Caring to Love Ministries.

#### RECITALS

WHEREAS, Covered Entity contracts with Employee/Volunteer to provide certain services to Covered Entity as described in. The parties acknowledge that Employee/Volunteer may incidentally or inadvertently encounter, view or access certain Confidential Information maintained by Covered Entity which may qualify as Protected Health Information ("PHI") or electronic PHI within the meaning of the Health Insurance Portability and Accountability Act of 1996, as amended, and the privacy and security standards promulgated pursuant thereto ("HIPAA").

NOW, THEREFORE, in consideration of the mutual promises contained herein, as well as other good and valuable consideration, the parties hereto agree as follows:

1. "Confidential Information" means any and all non-public, medical, financial and personal information in whatever form (written, oral, visual or electronic) possessed or obtained by either party. Confidential Information shall include all information which (i) either party has labeled in writing as confidential, (ii) is identified at the time of disclosure as confidential, (iii) is commonly regarded as confidential in the health care industry, or (iv) is Protected Health Information as defined by HIPAA.
2. For its services, Employee/Volunteer shall receive from Covered Entity compensation as agreed to in a separate contractual agreement.
3. It is agreed that there shall not be any employer/employee relationship between the parties. Employee/Volunteer is free to engage in any other employment of his or her selection. It is further agreed that Employee/Volunteer is not an agent of Covered Entity.
4. Employee/Volunteer agrees that it does not have a need to access or view Confidential Information to provide the services in and will not attempt to obtain access to Confidential Information.
5. Employee/Volunteer agrees to maintain the confidentiality of any Confidential Information, including Protected Health Information that it may incidentally or inadvertent encounter, view or have access to while providing the services under the terms and conditions set forth in this Agreement.
6. Employee/Volunteer agrees not to further use or disclose any Confidential Information, including Protected Health Information that it incidentally or inadvertently views or obtains access to and further agrees to implement appropriate safeguards to prevent any further use or disclosure of any Confidential Information that is incidentally or inadvertently accessed. © HIPAA .
7. Employee/Volunteer agrees to cooperate with Covered Entity and perform such activities as it may from time to time direct, in order to mitigate any harmful effects as a result of a wrongful use or disclosure of Confidential Information by Employee/Volunteer.
8. Employee/Volunteer agrees to report to the Covered Entity any use or disclosure of Confidential Information in violation of this Agreement, HIPAA or any other federal, state or local law or regulation.
9. Employee/Volunteer agrees to comply with all applicable laws and regulations, including HIPAA Act, to the extent applicable, in meeting their obligations under this Agreement.

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